

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 2 — 0 2 3</u>	2. STATE: Missouri
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10-1-02	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1903 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>03</u> \$ <u>0</u> b. FFY <u>04</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6A Pages 15a and 24		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6A Pages 15a and 24 <i>Missouri (02-023)</i> <i>Approved: 09/30/02</i> <i>Effective: 10/01/02</i>	
10. SUBJECT OF AMENDMENT: Medicaid Spenddown Pay-In Option			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <i>ce</i> <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>J.E. [Signature]</i>		16. RETURN TO: Denise Cross, Director Division of Family Services P.O. Box 88 Jefferson City, MO 65103	
13. TYPED NAME: Dana Katherine Martin			
14. TITLE: Director, Department of Social Services			
15. DATE SUBMITTED: September 13, 2002			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>09/16/02</i>		18. DATE APPROVED: <i>SEP 30 2002</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/02		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Carol M. Forgy for</i>	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Medicaid & State Operations	
23. REMARKS: Martin Vadner Waite ED		<i>SEA Control</i> <i>Date Submitted 09/13/02</i> <i>Date Received 09/16/02</i>	

State/Territory

Missouri

Citation

Condition or Requirement

4.b. Categorically Needy – Section 1902(f) States
Continued

1903(f) (2) of
the Act

X (6) Spenddown payments made to the State by
the individual.

NOTE: FFP will be reduced to the extent a State is
paid a spenddown payment by the individual.

The spenddown period is one month.

TN No. MS-02-23 Approval Date SEP 30 2002 Effective Date 10-1-02
Supersedes

HCFA ID: 7985E

TN No. MS-91-59

State: Missouri

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. (non-spenddown) <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. (spenddown ____ AFDC-related. excludes coverage for services used to meet spenddown)</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p>____ Aged, blind, disabled. ____ AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p>

TN No. MS-02-23

Approval Date SEP 30 2002 Effective Date 10-1-02

Supersedes

TN No. MS-91-44

HCFA ID: 7985E